

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1	1				52				
3		1		1			53				
4	1		1				54				
5	1		1				55				
6		5		5			56				
7		(1)		2			57				
8		(1)		2			58				
9		(1)		2			59				
10		(1)		2			60				
11		(1)		2			61				
12		(1)		2			62				
13		(1)		2			63				
14		(1)		2			64				
15		(1)		2			65				
16		(1)		2			66				
17		(1)		2			67				
18		(1)		2			68				
19		(1)		2			69				
20		(1)		2			70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
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36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48			4				98				
49			5				99				
50							100				
TOTAL IND.	3		5				TOTAL IND.				
TOTAL DEP.	21		21				TOTAL DEP.				
TOTAL CLAIMS	24		26				TOTAL CLAIMS				